

DISCLOSURE AND PAYMENT OF PREPAID CONTRACTS SOLD

State Form 49629 (2-00)

Approved by State Board of Accounts, 2000

Indiana Professional Licensing Agency
302 W. Washington Street, Room E034
Indianapolis, Indiana 46204

Pursuant to IC 30-2-13-27, no later than March 1st of each year, you are REQUIRED to make payment to the Prepaid Consumer Protection Fund for each prepaid contract sold under IC 30-2-13 within the previous calendar year JANUARY 1 THROUGH DECEMBER 31. Failure to submit this report and make the required payment may result in action being taken against you by the State Board of Funeral and Cemetery Service.

INSTRUCTIONS:

1. Complete the requested information and remit with a check in the appropriate amount to the address above.
2. Make the check or money order payable to the Indiana Professional Licensing Agency.
3. Complete the Certification / Affidavit found on the reverse side of this form.
4. A SEPARATE FORM IS TO BE COMPLETED FOR EACH GEOGRAPHIC LOCATION OF A SELLER.

SECTION A

Mark applicable box:

☐ Cemetery ☐ Funeral Home ☐ Perpetual Care Fund ☐ Other Seller (*specify*)

Name of cemetery, funeral home, perpetual care fund or other seller

Certificate of authority number

Calendar year reporting

Address (number and street, city, state, ZIP code)

Name of contact person

Telephone number

Provide the following information pertaining to each person authorized to directly represent the seller as an agent (*attach additional sheets if necessary*).

[illegible]

* Social Security number is mandatory pursuant to IC 30-2-13-33 (b)(3) and will be included in your file maintained by the agency.

CONTINUED ON REVERSE.

SECTION B REPORT OF PREPAID CONTRACTS

Pursuant to IC 30-2-13-27, no later than March 1st of each year, you are REQUIRED to make payment to the Prepaid Consumer Protection Fund for each prepaid contract sold under IC 30-2-13 within the previous calendar year JANUARY 1 THROUGH DECEMBER 31. Failure to submit this report and make the required payment may result in action being taken against you by the State Board of Funeral and Cemetery Service.

NUMBER OF PREPAID CONTRACTS SOLD

PREPAID CONTRACTS SOLD AT A PURCHASE PRICE OF:	NUMBER OF SALES	X	REQUIRED PAYMENT	=	TOTAL
1. \$499.99 or less		X	\$2.50	=	\$
2. \$500.00 - \$1499.99		X	\$5.00	=	\$
3. \$1500.00 or more		X	\$10.00	=	\$
TOTAL OF LINES 1 through 3 PAY THIS AMOUNT					\$

CERTIFICATION / AFFIDAVIT

STATE OF _____

SS:

COUNTY OF _____

I (we), _____, _____ and
(Owner / President / Vice President)

_____ of _____ do hereby
(Treasurer / Secretary) (Name of Establishment)

affirm, under the penalties of perjury, that all of the information contained in this disclosure is true and correct. I (we) understand that accurate books, records and accounts must be maintained which support this information for three (3) years after the date of full performance of a contract and that violation of IC 30-2-13 may result in action being taken against me (us) by the Indiana State Board of Funeral and Cemetery Service.

Subscribed and sworn this _____ day of _____, _____.

Signature of Owner / President / Vice-President	Signature of Treasurer / Secretary (if owner is not an individual)
Printed name of Owner / President / Vice-President	Printed name of Treasurer / Secretary (if owner is not an individual)
Signature of Notary Public	Printed name of Notary Public
My Commission expires	County of residence of Notary Public